### Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 1 of 64

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:                 | Identify Yourself   |  |   |
|-----|-----------------------|---|--|---|
|     |                       |   | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case):         |
| 1.  | You                   | r full name   |  |   |
|     | your<br>pictu<br>exar | e the name that is on<br>government-issued<br>ure identification (for<br>nple, your driver's<br>use or passport). | Shantel First name  M                          | First name  |
|     | Bring<br>iden         | g your picture<br>tification to your<br>ting with the trustee.  | Marks Last name and Suffix (Sr., Jr., II, III) | Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  |                       | other names you have<br>d in the last 8 years   |  |   |
|     |                       | de your married or<br>den names.  |  |   |
| 3.  | you<br>num<br>Indi    | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>atification number           | xxx-xx-4367                                    |   |

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 2 of 64

Case number (if known)

Debtor 1 Shantel M Marks

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 9151 S Pulaski Rd #2S Evergreen Park, IL 60805 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 3 of 64

Case number (if known) Debtor 1 Shantel M Marks

| Check one. (For a brief description of each, see Notice Required by 11 U (Form 2010)). Also, go to the top of page 1 and check the appropriate both choosing to file under  Chapter 7  Chapter 11  Chapter 12  Chapter 13  I will pay the entire fee when I file my petition. Please check with about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, you a pre-printed address.  I need to pay the fee in installments. If you choose this option, sing The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. If you choose this option only but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. The Polication to Have the Chapter 7 Filing Fee Waived (Official Form 103A).  No.  |   |
|--|---|
| Chapter 11 Chapter 12 Chapter 13  I will pay the entire fee when I file my petition. Please check wite about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, year pre-printed address.  I need to pay the fee in installments. If you choose this option, sing the Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. The Filing Fee Waived (Official Fee |   |
| Chapter 12 Chapter 13  I will pay the entire fee when I file my petition. Please check wit about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F   |   |
| B. How you will pay the fee  I will pay the entire fee when I file my petition. Please check wit about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F   |   |
| I will pay the entire fee when I file my petition. Please check wit about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F  |   |
| about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F  |   |
| The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onle but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in install the Application to Have the Chapter 7 Filing Fee Waived (Official Feed).  | elf, you may pay with cash, cashier's check, or money     |
| ☐ I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F   | sign and attach the Application for Individuals to Pay    |
| the Application to Have the Chapter 7 Filing Fee Waived (Official F  | ncome is less than 150% of the official poverty line that |
| ). Have you filed for  |   |
| bankruptcy within the  |   |
| last 8 years?  | Coop gurpher  |
| District When District When  | Case number   |
|  | Case number   |
| District When  | Case number   |
| 0. Are any bankruptcy  cases pending or being   No   |   |
| filed by a spouse who is   |   |
| Debtor   | Relationship to you                                       |
| District When  | Case number, if known                                     |
| Debtor   | Relationship to you                                       |
| District When  | Case number, if known                                     |
| 11. Do you rent your INO. Go to line 12.   |   |
| Yes. Has your landlord obtained an eviction judgment against you   | u and do you want to stay in your residence?              |
| □ No. Go to line 12.   |   |
| Yes. Fill out <i>Initial Statement About an Eviction Judg</i> bankruptcy petition.   | gment Against You (Form 101A) and file it with this       |

Document Page 4 of 64 Case number (if known) Debtor 1 Shantel M Marks Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 5 of 64

Debtor 1 Shantel M Marks

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 6 of 64

Case number (if known) Debtor 1 Shantel M Marks Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **25,001-50,000** you estimate that you **5**0,001-100,000 **5001-10,000** 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million ■ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shantel M Marks Signature of Debtor 2 **Shantel M Marks** Signature of Debtor 1 Executed on October 4, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Shantel M Marks

Document Page 7 of 64

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mehul I    | D. Desai               | Date          | October 4, 2017           |
|----------------|------------------------|---------------|---------------------------|
| Signature of   | Attorney for Debtor    |               | MM / DD / YYYY            |
| Mehul D. I     | Desai                  |               |                           |
| Printed name   |                        |               |                           |
| Swanson        | & Desai, LLC           |               |                           |
| Firm name      | •                      |               |                           |
| 2314 W No      | orth Ave Unit C-1W     |               |                           |
| Chicago, I     | L 60647                |               |                           |
|                | City, State & ZIP Code |               |                           |
| Contact phone  | 312-666-7882           | Email address | kswanson@swansondesai.com |
| 6296214        |                        |               |                           |
| Bar number & S | tate                   |               |                           |

|                    |                          |                   | <u> </u>    |  |
|--------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your  | case:             |             |  |
| Debtor 1           | Shantel M Marks          |                   |             |  |
|                    | First Name               | Middle Name       | Last Name   |  |
| Debtor 2           |                          |                   |             |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number _      |                          |                   |             |  |

☐ Check if this is an amended filing

12/15

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| ı aı | t 1: Summarize Your Assets  |            |                           |
|------|---|------------|---------------------------|
|      |   |            | assets<br>of what you own |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 0.00                      |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 21,062.54                 |
|      | 1c. Copy line 63, Total of all property on Schedule A/B   | \$         | 21,062.54                 |
| Par  | t 2: Summarize Your Liabilities   |            |                           |
|      |   |            | iabilities<br>nt you owe  |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$         | 21,397.00                 |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$         | 0.00                      |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 222,184.91                |
|      | Your total liabilities  | \$         | 243,581.91                |
| Par  | t 3: Summarize Your Income and Expenses   |            |                           |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$         | 3,589.67                  |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 3,584.3                   |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records  |            |                           |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | r other so | hedules.                  |
| 7.   | Yes What kind of debt do you have?  |            |                           |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | persona    | I, family, or             |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Entered 10/04/17 09:26:31 Case 17-29722 Doc 1 Filed 10/04/17 Desc Main Page 9 of 64 Case number (if known) Document

Debtor 1 Shantel M Marks

| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | 5,546.00 |
|---|----------|
|---|----------|

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim      |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following:   |       |            |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00       |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00       |
| 9d. Student loans. (Copy line 6f.)   | \$    | 192,019.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00       |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 192,019.00 |

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31

Desc Main Document Page 10 of 64 Fill in this information to identify your case and this filing: Debtor 1 **Shantel M Marks** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevrolet Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Malibu Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2015 Debtor 2 only Current value of the Current value of the 44000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$13,125.00 \$13,125.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$13,125.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property Doc 1

Official Form 106A/B

Desc Main

Page 12 of 64

Case number (if known) Document Debtor 1 **Shantel M Marks** 

| Part 4: Describe Your Fi  | inancial Asset  | ts  |  |   |
|---|---|---|--|---|
| Do you own or have a  | ny legal or e   | quitable interest in  | porti<br>Do n  | ent value of the ion you own? ot deduct secured as or exemptions. |
| 16. <b>Cash</b> Examples: Money y  ■ No  □ Yes  |   | -   | ome, in a safe deposit box, and on hand when you file your petition  |   |
| institutio  | g, savings, o   |   | ounts; certificates of deposit; shares in credit unions, brokerage houses, and with the same institution, list each.   | d other similar   |
| □ No<br>■ Yes   |   |   | Institution name:  |   |
|   | 17.1.   | Checking  | Chase Bank   | \$7.42  |
|   | 17.2.   |   | Chase Bank   | \$0.12  |
|   | 17.3.   | Checking  | Bank of America  | \$20.00   |
| joint venture  ■ No □ Yes. Give specific  | c information   | about them  |  | o, parmersnip, and  |
| No Yes. Give specific  One of the second of | Nai<br><b>orporate bo</b> i<br><i>ent</i> s include p | me of entity:<br>nds and other nego<br>personal checks, cas | % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. |   |
| ■ No □ Yes. Give specific   |   | about them<br>uer name:                                     |  |   |
| 21. <b>Retirement or pens</b> <i>Examples:</i> Interests  ☐ No  |   |   | 103(b), thrift savings accounts, or other pension or profit-sharing plans  |   |
| Yes. List each acc  | •   | tely.<br>of account:  | Institution name:  |   |
|   | 401(I   | Κ)  | JPMorgan Chase   | \$5,000.00  |
|   | used deposit  | ts you have made so   | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or oth                          | ers   |
| ■ Yes   |   |   | Institution name or individual:  |   |
|   | Utilit  | у   | ComEd  | \$60.00   |

Official Form 106A/B Schedule A/B: Property page 3

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 13 of 64 Case number (if known) Debtor 1 **Shantel M Marks** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No
□ Yes. Describe each claim.......

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 14 of 64 Case number (if known) Debtor 1 **Shantel M Marks** 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$5,087.54 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$13,125.00 57. Part 3: Total personal and household items, line 15 \$2,850.00 58. Part 4: Total financial assets, line 36 \$5,087.54 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$21,062.54 Copy personal property total \$21,062.54 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$21,062.54

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          |                   | $\frac{1}{2}$ |  |
|---------------------|--------------------------|-------------------|---------------|--|
| Fill in this infor  | rmation to identify your | case:             |               |  |
| Debtor 1            | Shantel M Marks          |                   |               |  |
|                     | First Name               | Middle Name       | Last Name     |  |
| Debtor 2            |                          |                   |               |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name     |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS   |  |
| Case number         |                          |                   |               |  |
| (if known)          |                          |                   |               |  |
|                     |                          |                   |               |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own                                    | ne Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|---|--------------------------------------|---|------------------------------------|
|  | Copy the value from Check only one box for each exemption. Schedule A/B |                                      |   |                                    |
| 2 Beds, 3 Dressers, 1 nightstand,<br>Sleeper Sofa, TvStand, dining table               | \$1,500.00  |                                      | \$1,500.00  | 735 ILCS 5/12-1001(b)              |
| with 4 chairs, and misc household goods Line from Schedule A/B: 6.1                    |   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3 TVs, Wii, Cellphone, Laptop  | \$800.00  | •                                    | \$800.00  | 735 ILCS 5/12-1001(b)              |
| Computer, and Ipad Line from Schedule A/B: 7.1   |   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothing and Shoes Line from Schedule A/B: 11.1                                   | \$400.00  |                                      | \$400.00  | 735 ILCS 5/12-1001(a)              |
| Line Iron Schedule PAB. 11.1   |   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Costume Jewelry Line from Schedule A/B: 12.1   | \$100.00  |                                      | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Line IIIII Schedule PVB. 12.1  |   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cat Line from Schedule A/B: 13.1   | \$50.00   | •                                    | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Line nom <i>Schedule AVB</i> . 13.1  |   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 16 of 64

Debtor 1 Shantel M Marks

| Onantoi  | ··· ··································                |                                      |         |   |                                    |  |
|--|---|--------------------------------------|---------|---|------------------------------------|--|
| Brief description of the property and line on<br>Schedule A/B that lists this property |   | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|  |   |                                      | Che     | eck only one box for each exemption.                            |                                    |  |
| _  | Checking: Chase Bank                                  |                                      |         | \$7.42  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule A/B: 17.1   | ule A/B. TT.T   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 401(K): JPMor  |   | \$5,000.00                           | •       | \$5,000.00  | 735 ILCS 5/12-1006                 |  |
| Line IIOIII S <i>Criedule AVB</i> . <b>21.1</b>  |   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Utility: ComEd Line from Schedule A/B: 22.1  |   | \$60.00                              |         | \$60.00   | 735 ILCS 5/12-1001(b)              |  |
| Line Irom Sched  | uie A/B. <b>ZZ. i</b>                                 |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| •  | g a homestead exemption<br>trent on 4/01/19 and every | . ,                                  |         | led on or after the date of adjustme                            | nt.)                               |  |
| _  | u acquire the property cove                           | ered by the exemption wi             | ithin 1 | ,215 days before you filed this case                            | 2                                  |  |
|  | a acquire the property cove                           | ned by the exemption wi              |         | ,210 dayo bololo you med tillo dase                             |                                    |  |
|  |   |                                      |         |   |                                    |  |

|  |                        | Document P   | age 1        | 7 of 64                          |                      |   |
|--|------------------------|--|--------------|----------------------------------|----------------------|---|
| Fill in this information                         | on to identify you     |  |              |                                  |                      |   |
| Debtor 1   | hantel M Mark          | rs.  |              |                                  |                      |   |
|  | irst Name              | <del>-</del>   | ast Name     |                                  |                      |   |
| Debtor 2   |                        |  |              |                                  |                      |   |
| (Spouse if, filing) F                            | irst Name              | Middle Name La   | ast Name     |                                  |                      |   |
| United States Bankru                             | ptcy Court for the     | NORTHERN DISTRICT OF ILLING  | OIS          |                                  |                      |   |
| Case number                                      |                        |  |              |                                  |                      |   |
| (if known)                                       |                        |  |              |                                  | □ Ct                 | neck if this is an                      |
|  |                        |  |              |                                  | an                   | nended filing                           |
| Official Forms 4                                 | 000                    |  |              |                                  |                      |   |
| Official Form 1                                  |                        |  |              |                                  |                      |   |
| Schedule D:                                      | Creditors              | Who Have Claims Se   | ecure        | d by Propert                     | y                    | 12/15                                   |
|  |                        | If two married people are filing together,   |              |                                  |                      |   |
| is needed, copy the Add<br>number (if known).    | litional Page, fill it | out, number the entries, and attach it to the  | his form. C  | n the top of any addition        | nal pages, write you | r name and case                         |
| 1. Do any creditors have                         | claims secured b       | v vour property?   |              |                                  |                      |   |
| _ *  | •                      | his form to the court with your other sch  | nedules. Y   | ou have nothing else to          | o report on this for | m.                                      |
| Yes. Fill in all o                               |                        | •  |              | ou nave neumig elec t            | 5 . 5p 5             |   |
|  |                        | below.   |              |                                  |                      |   |
| •  | cured Claims           |  |              | Column A                         | Column B             | Column C                                |
|  |                        | more than one secured claim, list the credito<br>a particular claim, list the other creditors in |              | Amount of claim                  | Value of collatera   | 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
|  |                        | ical order according to the creditor's name.   |              | Do not deduct the                | that supports this   | portion                                 |
| 2.1 Ally Financia                                |                        | Describe the property that secures the   | claim:       | value of collateral. \$21,397.00 | claim<br>\$13,125.0  | If any <b>\$8,272.00</b>                |
| Creditor's Name                                  | <u>'</u>               | 2015 Chevrolet Malibu 44000 m  |              | Ψ21,001.00                       | Ψ10,120.             | φο,Σι Σισσ                              |
|  |                        |  |              |                                  |                      |   |
|  | _                      | As of the date you file, the claim is: Che   | ck all that  |                                  |                      |   |
| 200 Renaissa                                     |                        | apply.   | ck all triat |                                  |                      |   |
| Detroit, MI 48                                   |                        | ☐ Contingent   |              |                                  |                      |   |
| Number, Street, City,                            | State & Zip Code       | Unliquidated   |              |                                  |                      |   |
| Who owes the debt?                               | Check one.             | ☐ Disputed  Nature of lien. Check all that apply.  |              |                                  |                      |   |
| ■ Debtor 1 only                                  |                        | ☐ An agreement you made (such as more  | tgage or se  | cured                            |                      |   |
| Debtor 2 only                                    |                        | car loan)  |              |                                  |                      |   |
| Debtor 1 and Debtor                              | 2 only                 | ☐ Statutory lien (such as tax lien, mechan   | nic's lien)  |                                  |                      |   |
| ☐ At least one of the de                         | btors and another      | ☐ Judgment lien from a lawsuit   | ,            |                                  |                      |   |
| ☐ Check if this claim                            | elates to a            | Other (including a right to offset)  | ırchase      | Money Security                   |                      |   |
| community debt                                   |                        |  |              |                                  |                      |   |
|  | Opened                 |  |              |                                  |                      |   |
|  | 06/15 Last             |  |              |                                  |                      |   |
| Date debt was incurred                           | Active<br>8/31/17      | Last 4 digits of account number  | 8035         |                                  |                      |   |
| Date debt was incurred                           | 0/31/17                |  |              |                                  |                      |   |
|  |                        |  |              |                                  |                      |   |
| Add the dollar value                             | of your entries in C   | column A on this page. Write that number   | here:        | \$21,39                          | 7.00                 |   |
| If this is the last page<br>Write that number he |                        | the dollar value totals from all pages.  |              | \$21,39                          | 7.00                 |   |
| write that number he                             | ie.                    |  |              |                                  |                      |   |
| Part 2: List Others                              | to Be Notified fo      | or a Debt That You Already Listed  |              |                                  |                      |   |
|  |                        | e notified about your bankruptcy for a de  |              |                                  |                      |   |
|  |                        | owe to someone else, list the creditor in Pot you listed in Part 1, list the additional cre      |              |                                  |                      |   |
| debts in Part 1, do not                          |                        |  |              | _                                | •                    |   |
| Name Number 9                                    | Street, City, State &  | Zin Code   |              |                                  |                      | 1                                       |
| Ally Financia                                    |                        | Elp Code   | On whi       | ich line in Part 1 did you e     | nter the creditor? 2 | <u>.1</u>                               |
| Attn: Bankru                                     |                        |  | Last 4       | digits of account number _       |                      |   |
| Po Box 3809                                      |                        |  |              |                                  |                      |   |
| Bloomingtor                                      | ı, MN 55438            |  |              |                                  |                      |   |

|                           | 0430 17 23722   | Document  | Page 18 of 64   | Joo Mani                    |
|---------------------------|---|---|---|-----------------------------|
| Fill ir                   | n this information to identify y  |   |   |                             |
| Debte                     | or 1 Shantel M Mai  | rks   |   |                             |
| Dobt                      | First Name  | Middle Name   | Last Name   |                             |
| Debte                     |   |   |   |                             |
| (Spous                    | se if, filing) First Name   | Middle Name   | Last Name   |                             |
| Unite                     | d States Bankruptcy Court for th  | e: NORTHERN DISTRICT OF   | FILLINOIS   |                             |
| Case                      | number  |   |   |                             |
| (if know                  |   |   |   | Check if this is an         |
|                           |   |   |   | amended filing              |
| ∩ffi∂                     | cial Form 106E/F  |   |   |                             |
|                           |   | Who Have Unsecure   | ad Claims   | 12/15                       |
|                           |   |   | DRITY claims and Part 2 for creditors with NONPRIORITY cl   |                             |
| Sched<br>left. At<br>name | ule D: Creditors Who Have Claims tach the Continuation Page to this and case number (if known). | Secured by Property. If more spaces page. If you have no information to | G). Do not include any creditors with partially secured claim<br>e is needed, copy the Part you need, fill it out, number the e<br>o report in a Part, do not file that Part. On the top of any add         | entries in the boxes on the |
| Part                      |   |   |   |                             |
| _                         | o any creditors have priority unse  | cured claims against you?   |   |                             |
|                           | No. Go to Part 2.   |   |   |                             |
|                           | Yes.  |   |   |                             |
| Part :                    |   |   |   |                             |
| 3. D                      | o any creditors have nonpriority u  | nsecured claims against you?  |   |                             |
|                           | No. You have nothing to report in t   | his part. Submit this form to the court                                 | with your other schedules.  |                             |
|                           | Yes.  |   |   |                             |
| u<br>th                   | nsecured claim, list the creditor sepa  | rately for each claim. For each claim li                                | of the creditor who holds each claim. If a creditor has more the isted, identify what type of claim it is. Do not list claims already it you have more than three nonpriority unsecured claims fill out the | ncluded in Part 1. If more  |
|                           |   |   |   | Total claim                 |
| 4.1                       | At & T  | Last 4 digits of  | account number  | \$105.56                    |
|                           | Nonpriority Creditor's Name   | When was the  | dobt incurred?  |                             |
|                           | P.O. Box 5014<br>Carol Stream, IL 60197-5   |   |   | _                           |
|                           | Number Street City State Zlp Cod  |   | you file, the claim is: Check all that apply  |                             |
|                           | Who incurred the debt? Check  | one.  |   |                             |
|                           | Debtor 1 only   | ☐ Contingent  |   |                             |
|                           | Debtor 2 only   | ☐ Unliquidated  |   |                             |
|                           | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                             |
|                           | ☐ At least one of the debtors an  | d another Type of NONPF   | RIORITY unsecured claim:  |                             |
|                           | ☐ Check if this claim is for a  | community   | s   |                             |
|                           | debt  | ☐ Obligations a   | arising out of a separation agreement or divorce that you did not   | t                           |
|                           | Is the claim subject to offset?   | report as priority  |   |                             |
|                           | ■ No  | <u>_</u>  | nsion or profit-sharing plans, and other similar debts  |                             |
|                           | ☐ Yes   | Other. Speci  | fy  | <u> </u>                    |

Entered 10/04/17 09:26:31 Case 17-29722 Doc 1 Filed 10/04/17 Desc Main

Document Page 19 of 64 Debtor 1 Shantel M Marks Case number (if know) 4.2 Avant Credit, Inc. Last 4 digits of account number 4263 \$2,386.00 Nonpriority Creditor's Name Opened 07/14 Last Active 222 N. Lasalle Suite 170 When was the debt incurred? 8/11/17 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other, Specify 4.3 **Bank Of America** Last 4 digits of account number 3825 \$1,590.00 Nonpriority Creditor's Name Opened 10/13 Last Active Po Box 982238 When was the debt incurred? 09/17 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 Last 4 digits of account number Capital One 8688 \$592.00 Nonpriority Creditor's Name Opened 01/10 Last Active 15000 Capital One Dr When was the debt incurred? 06/17 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans

Official Form 106 E/F

debt

■ No

☐ Yes

report as priority claims

■ Other. Specify Credit Card

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 20 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.5 Capital One Last 4 digits of account number 7786 \$954.00 Nonpriority Creditor's Name Opened 06/11 Last Active 15000 Capital One Dr When was the debt incurred? 07/17 Richmond, VA 23238 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.6 **Chase Card** Last 4 digits of account number 3525 \$543.00 Nonpriority Creditor's Name Opened 09/14 Last Active Po Box 15298 When was the debt incurred? 09/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 Last 4 digits of account number Chicago ENT Halstead \$547.35 Nonpriority Creditor's Name PO box 809094 When was the debt incurred? Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Document Page 21 of 64 Debtor 1 Shantel M Marks Case number (if know) 4.8 Citibank North America Last 4 digits of account number 9282 \$677.00 Nonpriority Creditor's Name Opened 12/11 Last Active 50 Northwest Point Road When was the debt incurred? 06/17 Elk Grove Village, IL 60007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.9 Citibank/Shell Oil Last 4 digits of account number 5894 \$249.00 Nonpriority Creditor's Name Opened 08/14 Last Active Po Box 6497 When was the debt incurred? 08/17 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 Citicards Cbna 0795 \$3,334.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/13 Last Active Po Box 6241 When was the debt incurred? 5/27/17 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Document Page 22 of 64 Debtor 1 Shantel M Marks Case number (if know) 4.1 City of Chicago Dept of Finance \$0.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Harris & Harris, P.C. When was the debt incurred? 111 W Jackson Blvd Ste 400 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Parking Tickets ☐ Yes 4.1 **Comenity Bank/Carsons** \$1,823.00 7297 Last 4 digits of account number Nonpriority Creditor's Name Opened 05/12 Last Active 3100 Easton Square PI When was the debt incurred? 09/17 Columbus, OH 43219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 \$138.00 **Comenity Bank/Lane Bryant** 8203 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 09/12 Last Active 4590 E Broad St When was the debt incurred? 09/17 Columbus, OH 43213 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not

■ No
□ Yes

■ Other. Specify Charge Account

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 23 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.1 Comenity Bank/Victoria Secret 5103 \$329.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 11/16 Last Active Po Box 182789 When was the debt incurred? 09/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenity Capital Bank/HSN 0351 \$1.553.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/13 Last Active 995 W 122nd Ave When was the debt incurred? 07/17 Westminster, CO 80234 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Charge Account** Other, Specify 4.1 **Credit One Bank Na** 6320 \$330.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 10/16 Last Active Po Box 98875 When was the debt incurred? 09/17 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 24 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.1 Dept Of Ed/Navient 1113 \$174,609.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/13 Last Active Po Box 9635 When was the debt incurred? 08/17 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 **Dept Of Ed/Navient** 0308 \$5,879.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 03/14 Last Active Po Box 9635 When was the debt incurred? 08/17 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset?  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational 4.1 **EOS CCA** \$168.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 296 When was the debt incurred? Norwell, MA 02061-0296 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 25 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.2 **First Premier Bank** 5657 \$930.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 02/16 Last Active 601 S Minnesota Ave When was the debt incurred? 07/17 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 First Premier Bank 0002 \$1,171,00 Last 4 digits of account number Nonpriority Creditor's Name Opened 05/17 Last Active 601 S Minnesota Ave When was the debt incurred? 08/17 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 42 Firstmark/idapp 8224 \$5,135.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/09 Last Active 121 S 13th St Ste 201 When was the debt incurred? 7/21/17 Lincoln, NE 68508 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

**Educational** 

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 26 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.2 Firstmark/idapp 8250 \$6,396.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 09/09 Last Active 121 S 13th St Ste 201 When was the debt incurred? 7/21/17 Lincoln, NE 68508 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.2 **Great American Finance** 3930 \$527.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 6/06/16 Last Active 205 West Wacker Drive When was the debt incurred? 08/17 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset?  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Unsecured Other. Specify 4.2 **Great American Finance** \$1,000.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 20 n wacker st 2275 When was the debt incurred? Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Page 27 of 64 Document Case number (if know) Debtor 1 Shantel M Marks 4.2 **Head and Neck Associates LTD** \$197.00 Last 4 digits of account number 6 Nonpriority Creditor's Name When was the debt incurred? PO Box 809094 Chicago, IL 60680 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 **Health Lab** \$50.00 Last 4 digits of account number Nonpriority Creditor's Name 25 N. Winfield Road When was the debt incurred? Winfield, IL 60190 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 ITx Healthcare \$25.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Po box 1022 When was the debt incurred? Wixom, MI 48393 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 28 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.2 Kohls/Capital One 3269 \$240.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 05/14 Last Active N56 W 17000 Ridgewood Dr When was the debt incurred? 08/17 Menomonee Falls, WI 53051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Midwest Imaging Professionals \$11.25 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 3223831 When was the debt incurred? Pittsburgh, PA 15250-7863 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 **Nationwide Recovery Systems** \$76.25 Last 4 digits of account number Nonpriority Creditor's Name 2304 Tarpley Road Suite 134 When was the debt incurred? Carrollton, TX 75006 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 29 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.3 Nordstrom Fsb 0959 \$331.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 10/16 Last Active 13531 E Caley Ave When was the debt incurred? 08/17 Englewood, CO 80111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 **Oppity Finance** 0376 \$855.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 6/22/17 Last Active 11 E. Adams When was the debt incurred? 9/15/17 Chicago, IL 60603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other, Specify 43 **PLS Finaical Solutions of Illinois** \$700.00 Last 4 digits of account number Nonpriority Creditor's Name 6322 W 95th St When was the debt incurred? Oak Lawn, IL 60453 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Document Page 30 of 64 Case number (if know) Debtor 1 Shantel M Marks 4.3 **Presence Health** \$1,245.87 Last 4 digits of account number 5 Nonpriority Creditor's Name **Patient Financial Services** When was the debt incurred? 1643 Lewis Ave Suite 203 Billings, MT 59102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.3 **Presence Health** \$715.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **Patient Financial Services** When was the debt incurred? 621 17th St. Suite 1800 **Denver, CO 80293** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Sigma Health, PC \$18.63 Last 4 digits of account number Nonpriority Creditor's Name 16040 W. 165th St. When was the debt incurred? Orland Park, IL 60467 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 31 of 64

Debtor 1 Shantel M Marks Case number (if know) 4.3 Syncb/discount Tire 1938 \$293.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 06/14 Last Active C/o Po Box 965036 When was the debt incurred? 11/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.3 Synchrony Bank/TJX 7266 \$783.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 12/13 Last Active Po Box 965005 When was the debt incurred? 08/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Charge Account** Other, Specify 4.4 Synchrony Bank/Walmart 4272 \$1,177.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 10/13 Last Active Po Box 965024 When was the debt incurred? 09/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 32 of 64

| Debto   | Shantel M Marks  |   | Case number (if know)                         |            |  |  |  |  |
|---|--|---|---|------------|--|--|--|--|
| 4.4<br>1  | Target Nonpriority Creditor's Name                                   | Last 4 digits of account number   | 0482  | \$2,364.00 |  |  |  |  |
|   | Po Box 673<br>Minneapolis, MN 55440                                  | When was the debt incurred?   | Opened 10/13 Last Active 06/17                |            |  |  |  |  |
|   | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i  | is: Check all that apply                      |            |  |  |  |  |
|   | Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |  |
|   | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |  |
|   | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured   | d claim:                                      |            |  |  |  |  |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans   |   |            |  |  |  |  |
|   | debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a sepa report as priority claims               | aration agreement or divorce that you did not |            |  |  |  |  |
|   | ■ No   | Debts to pension or profit-sharin   | g plans, and other similar debts              |            |  |  |  |  |
|   | Yes  | Other. Specify Credit Card  | <u> </u>                                      |            |  |  |  |  |
| 4.4   | Tidewater Finance Co   | Last 4 digits of account number   | 5195  | \$1,549.00 |  |  |  |  |
| Nonpriority Creditor's Name 6520 Indian River Rd Virginia Beach, VA 23464 |  | When was the debt incurred?   | Opened 07/17 Last Active 9/12/17              |            |  |  |  |  |
|   | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply                 |   |            |  |  |  |  |
|   | Who incurred the debt? Check one.                                    |   |   |            |  |  |  |  |
|   | Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |  |
|   | Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |  |
|   | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |   |            |  |  |  |  |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans   |   |            |  |  |  |  |
|   | debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a sepa report as priority claims               |   |            |  |  |  |  |
|   | ■ No   | Debts to pension or profit-sharin   |   |            |  |  |  |  |
|   | Yes  | ✓es ■ Other. Specify Unsecured  |   |            |  |  |  |  |
| 4.4   | Visa Dept Store National<br>Bank/Macy's                              | Last 4 digits of account number   | 7110  | \$588.00   |  |  |  |  |
|   | Nonpriority Creditor's Name  |   | Opened 09/14 Last Active                      |            |  |  |  |  |
|   | Po Box 8218<br>Mason, OH 45040                                       | When was the debt incurred?   | 08/17 Last Active                             |            |  |  |  |  |
|   | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i  |   |            |  |  |  |  |
|   | ■ Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |  |
|   | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |  |
|   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |  |
|   | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured   | d claim:                                      |            |  |  |  |  |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans   |   |            |  |  |  |  |
|   | debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a sepa report as priority claims               | aration agreement or divorce that you did not |            |  |  |  |  |
|   | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts |   |            |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Charge Account

☐ Yes

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Entered 10/04/17 09:26:31 Desc Main Filed 10/04/17 Case 17-29722 Doc 1 Page 33 of 64 Case number (if know) Document

Debtor 1 Shantel M Marks

| have more than one creditor for any of the de<br>notified for any debts in Parts 1 or 2, do not f                    |  | he additional creditors here. If you do not have additional persons to be  |
|--|--|--|
| Name and Address Avant Credit, Inc Attention Bankruptcy Po Box 9183380   | On which entry in Part 1 or Part 2<br>Line <b>4.2</b> of ( <i>Check one</i> ):                               | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Chicago, IL 60691  | Last 4 digits of account number  |  |
| Name and Address Bank Of America Nc4-105-03-14 Po Box 26012  | On which entry in Part 1 or Part 2 Line <u>4.3</u> of ( <i>Check one</i> ):                                  | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Greensboro, NC 27410   | Last 4 digits of account number  |  |
| Name and Address Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130                                  | On which entry in Part 1 or Part 2 Line <b>4.4</b> of ( <i>Check one</i> ):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Name and Address Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130                                  | On which entry in Part 1 or Part 2<br>Line <b>4.5</b> of ( <i>Check one</i> ):                               | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
|  | Last 4 digits of account number  |  |
| Name and Address Chase Card Attn: Correspondence Dept Po Box 15298   | On which entry in Part 1 or Part 2<br>Line <b>4.6</b> of ( <i>Check one</i> ):                               | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Wilmington, DE 19850   | Last 4 digits of account number  |  |
| Name and Address Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 | On which entry in Part 1 or Part 2<br>Line <u><b>4.8</b></u> of ( <i>Check one</i> ):                        | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
|  | Last 4 digits of account number  |  |
| Name and Address Citibank/Shell Oil Citicorp Srvs/ Centralized Bankruptcy Po Box 790040 St Louis, MO 63179           |  | did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address   | Last 4 digits of account number  | a district the entire land the or  |
| Name and Address Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040                               | On which entry in Part 1 or Part 2 Line 4.10 of (Check one):   | □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims                                     |
| Saint Louis, MO 63179  | Last 4 digits of account number  |  |
| Name and Address<br>Comenity Bank/Carsons<br>Po Box 182125<br>Columbus, OH 43218                                     | On which entry in Part 1 or Part 2 Line 4.12 of (Check one):  Last 4 digits of account number                | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Name and Address  Comenity Bank/Lane Bryant  | On which entry in Part 1 or Part 2 Line <b>4.13</b> of ( <i>Check one</i> ):                                 | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  |

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 34 of 64

| Debtor 1 Shantel M Marks   |  | Case number (if know)   |  |
|--|--|---|--|
| Attn: Bankruptcy<br>Po Box 182125<br>Columbus, OH 43218  |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
|  | Last 4 digits of account number  |   |  |
| Name and Address<br>Comenity Bank/Victoria Secret<br>Attn: Bankruptcy<br>Po Box 182125<br>Columbus, OH 43218 | On which entry in Part 1 or Part 2 of Line 4.14 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims    |  |
|  | <del>-</del>   |   |  |
| Name and Address<br>Comenity Capital Bank/HSN<br>Po Box 182125<br>Columbus, OH 43218                         | On which entry in Part 1 or Part 2 of Line 4.15 of (Check one):  Last 4 digits of account number | did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |  |
|  |  |   |  |
| Name and Address<br>Credit One Bank Na<br>Po Box 98873<br>Las Vegas, NV 89193                                | On which entry in Part 1 or Part 2 of Line 4.16 of (Check one):  Last 4 digits of account number | id you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  |  |   |  |
| Name and Address  Dept Of Ed/Navient  Attn: Claims Dept  P.O. Box 9635                                       | On which entry in Part 1 or Part 2 of Line 4.17 of (Check one):                                  | id you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| Wilkes Barr, PA 18773  | Last 4 digits of account number  |   |  |
| Name and Address<br>Dept Of Ed/Navient<br>Attn: Claims Dept<br>P.O. Box 9635<br>Wilkes Barr, PA 18773        | On which entry in Part 1 or Part 2 of Line 4.18 of (Check one):                                  | did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |  |
|  | Last 4 digits of account number  |   |  |
| Name and Address<br>Foster & Garbus LLP<br>60 Vanderbilt Pkwy<br>Commack, NY 11725                           | On which entry in Part 1 or Part 2 of Line 4.41 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims    |  |
| Name and Address   | On which entry in Part 1 or Part 2 or  | did you list the original creditor?   |  |
| Great American Finance<br>Attn: Bankruptcy<br>20 N Wacker Dr. Suite 2275<br>Chicago, IL 60606                | Line 4.24 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims                                      |  |
|  | Last 4 digits of account number  |   |  |
| Name and Address<br>Kohls/Capital One<br>Kohls Credit<br>Po Box 3043<br>Milwaukee, WI 53201                  | On which entry in Part 1 or Part 2 of Line 4.29 of (Check one):                                  | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims    |  |
|  | Last 4 digits of account number  |   |  |
| Name and Address<br>Nordstrom Fsb<br>Correspondence<br>Po Box 6555<br>Englewood, CO 80155                    | On which entry in Part 1 or Part 2 of Line 4.32 of (Check one):                                  | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims    |  |
|  | Last 4 digits of account number  |   |  |
| Name and Address<br>Oppity Finance<br>130 E Randolph St<br>Suite 3400  | On which entry in Part 1 or Part 2 or Line 4.33 of (Check one):                                  | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims    |  |

Official Form 106 E/F

Chicago, IL 60601

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 35 of 64

| Debtor 1 Shantel M Marks                               |                                       | Case number (if know)  |  |  |  |  |  |
|--|---------------------------------------|--|--|--|--|--|--|
|  | Last 4 digits of account number       |  |  |  |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |  |
| Syncb/discount Tire                                    | Line 4.38 of (Check one):             | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |  |
| Attn: Bankruptcy<br>Po Box 965060<br>Orlando, FL 32896 |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |  |
| Oriando, FL 32090                                      | Last 4 digits of account number       |  |  |  |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or | did you list the original creditor?                                    |  |  |  |  |  |
| Synchrony Bank/TJX                                     | Line 4.39 of (Check one):             | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |  |
| Attn: Bankruptcy Po Box 965060 Orlando El 33806        |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |  |
| Orlando, FL 32896                                      | Last 4 digits of account number       |  |  |  |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or |  |  |  |  |  |  |
| Synchrony Bank/Walmart                                 | Line <b>4.40</b> of (Check one):      | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |  |
| Attn: Bankruptcy<br>Po Box 965060<br>Orlando, FL 32896 |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |  |
| Oriando, FL 32090                                      | Last 4 digits of account number       |  |  |  |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or | did you list the original creditor?                                    |  |  |  |  |  |
| Target   | Line 4.41 of (Check one):             | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |  |
| C/O Financial & Retail Srvs<br>Mailstopn BT POB 9475   |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |  |
| Minneapolis, MN 55440                                  | Last 4 digits of account number       |  |  |  |  |  |  |
| Name and Address                                       | On which entry in Part 1 or Part 2 or | did you list the original creditor?                                    |  |  |  |  |  |
| Visa Dept Store National                               | Line 4.43 of (Check one):             | ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |  |  |  |  |
| Bank/Macy's<br>Attn: Bankruptcy<br>Po Box 8053         |                                       | ■ Part 2: Creditors with Nonpriority Unsecured Claims                  |  |  |  |  |  |
| Mason, OH 45040  | Last 4 digits of account number       |  |  |  |  |  |  |
|  | Last 4 digits of account number       |  |  |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|              |     |   |     | Total Claim      |
|              | 6f. | Student loans   | 6f. | \$<br>192,019.00 |
| Total claims |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>30,165.91  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>222,184.91 |

| Fill in this infor  | mation to identify your  | case:             |             |                       |
|---------------------|--------------------------|-------------------|-------------|-----------------------|
| Debtor 1            | Shantel M Marks          |                   |             |                       |
|                     | First Name               | Middle Name       | Last Name   |                       |
| Debtor 2            |                          |                   |             |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number         |                          |                   |             |                       |
| (if known)          |                          |                   |             | ☐ Check if this is an |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Pulaski Apartments LLC
P.O. Box 271
Palos Heights, IL 60463

State what the contract or lease is for
Two Year Lease \$1,125.00 per month

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main

|                                |   | Docume  | nt Page 37 d          | of 64   |
|--------------------------------|---|---|-----------------------|---|
| Fill in this i                 | nformation to identify your o                             | case:   |                       |   |
| Debtor 1                       | Shantel M Marks   |   |                       |   |
| DODIOI 1                       | First Name  | Middle Name                                       | Last Name             |   |
| Debtor 2                       |   |   |                       |   |
| (Spouse if, filing             | g) First Name   | Middle Name                                       | Last Name             |   |
| United State                   | es Bankruptcy Court for the:                              | NORTHERN DISTRICT                                 | OF ILLINOIS           |   |
| O                              |   |   |                       |   |
| Case numb                      | er  |   |                       | ☐ Check if this is an   |
|                                |   |   |                       | amended filing  |
|                                |   |   |                       |   |
| Official                       | Form 106H   |   |                       |   |
| Schedi                         | ule H: Your Code  | ebtors  |                       | 12/15   |
|                                |   |   |                       |   |
| your name a                    | and case number (if known).  ou have any codebtors? (If y | Answer every question                             |                       | to this page. On the top of any Additional Pages, write as a codebtor.  |
| _ `                            |   |   | ·                     |   |
| ■ No<br>□ Yes                  |   |   |                       |   |
| Arizona<br>—                   | , California, Idaho, Louisiana,                           |   |                       | ry? (Community property states and territories include ington, and Wisconsin.)  |
| _                              | Go to line 3.<br>Did your spouse, former spou             | se, or legal equivalent live                      | with you at the time? |   |
| in line :<br>Form 1<br>out Col | 2 again as a codebtor only if                             | that person is a guaran<br>Form 106E/F), or Sched | tor or cosigner. Make | r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Official)6G). Use Schedule D, Schedule E/F, or Schedule G to f |
| IN                             | ame, Number, Street, City, State and Zir                  | Code  |                       | Check all schedules that apply:   |
| 3.1                            |   |   |                       | ☐ Schedule D, line  |
|                                | lame  |   |                       | ☐ Schedule E/F, line  |
|                                |   |   |                       | ☐ Schedule G, line  |
| N                              | lumber Street   |   |                       | _   |
|                                | ity   | State   | ZIP Code              |   |
| 3.2                            |   |   |                       | ☐ Schedule D, line  |
|                                | lame  |   |                       | ☐ Schedule E/F, line  |
|                                |   |   |                       | ☐ Schedule G, line  |
| N                              | lumber Street   |   |                       | _   |
|                                | ity   | State   | ZIP Code              |   |

## Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 38 of 64

|        |   |                            |                                 |         |               | _          |                 |            |                                  |       |
|--------|---|----------------------------|---------------------------------|---------|---------------|------------|-----------------|------------|----------------------------------|-------|
|        | in this information to identify your btor 1 Shantel M                                       |                            |                                 |         |               |            |                 |            |                                  |       |
| Del    | btor 2  | marks                      |                                 |         |               |            |                 |            |                                  |       |
| (Spo   | ouse, if filing)  |                            |                                 |         | _             |            |                 |            |                                  |       |
| Uni    | ited States Bankruptcy Court for the  | ne: NORTHERN DISTRIC       | CT OF ILLINOIS                  |         | _             |            |                 |            |                                  |       |
|        | se number   |                            | _                               |         |               | Check if   | this is:        |            |                                  |       |
| (If Ki | nown)   |                            |                                 |         |               | ☐ An a     |                 | Ū          |                                  |       |
|        |   |                            |                                 |         |               | _          |                 |            | g postpetition<br>Illowing date: |       |
| 0      | fficial Form 106I   |                            |                                 |         |               | MM /       | / DD/ YY        | YY         |                                  |       |
| S      | chedule I: Your Ind   | come                       |                                 |         |               |            |                 |            |                                  | 12/15 |
| Pa     | use. If you are separated and you che a separate sheet to this form  t1: Describe Employmen | . On the top of any additi |                                 |         |               |            |                 |            |                                  |       |
| 1.     | Fill in your employment information.  |                            | Debtor 1                        |         |               | De         | ebtor 2 o       | or non-fil | ing spouse                       |       |
|        | If you have more than one job, attach a separate page with                                  |                            |                                 |         |               |            | <b>I</b> Employ | ed         |                                  |       |
|        | information about additional  | ,                          | ☐ Not employed                  |         |               |            | Not emp         | ployed     |                                  |       |
|        | employers.  | Occupation                 | Underwriter                     |         |               |            |                 |            |                                  |       |
|        | Include part-time, seasonal, or self-employed work.   | Employer's name            | JPMorgan Cha                    | se Bank | k, <b>N</b> / | <u> </u>   |                 |            |                                  |       |
|        | Occupation may include student or homemaker, if it applies.                                 | Employer's address         | 1111 Polaris Pk<br>Columbus, OH |         |               |            |                 |            |                                  |       |
|        |   | How long employed t        | here? 19 yea                    | rs      |               |            |                 |            |                                  |       |
| Pai    | rt 2: Give Details About Mo   | onthly Income              |                                 |         |               |            |                 |            |                                  |       |
| spo    | mate monthly income as of the use unless you are separated.                                 |                            |                                 |         |               |            | ·               |            |                                  |       |
| mor    | e space, attach a separate sheet t  | o this form.               |                                 |         |               | For Debtor | r 1             |            | otor 2 or                        |       |
| 2.     | List monthly gross wages, sal<br>deductions). If not paid monthly                           |                            |                                 | 2.      | \$            | 5,12       | 4.45            | \$         | N/A                              |       |
| 3.     | Estimate and list monthly ove   | rtime pay.                 |                                 | 3.      | +\$           |            | 0.00            | +\$        | N/A                              |       |
| 4.     | Calculate gross Income. Add   | line 2 + line 3.           |                                 | 4.      | \$            | 5,124.4    | 45              | \$         | N/A                              |       |

## Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 39 of 64

| Deb | tor 1   | Shantel M Marks  |             |     |             | number (if known) | _   |    |                    |                |                  |
|-----|---|--|-------------|-----|-------------|-------------------|-----|----|--------------------|----------------|------------------|
|     |   |  |             |     | For         | Debtor 1          |     |    | Debtor<br>filing s | 2 or spouse    |                  |
|     | Сор   | y line 4 here  | 4.          |     | \$_         | 5,124.45          |     | \$ | 9                  | N/A            | _                |
| 5.  | List  | all payroll deductions:  |             |     |             |                   |     |    |                    |                |                  |
|     | 5a.   | Tax, Medicare, and Social Security deductions  | 5a          | ,   | \$          | 1,252.72          |     | \$ |                    | N/A            |                  |
|     | 5b.   | Mandatory contributions for retirement plans   | 5b          |     | <u> </u>    | 0.00              | -   | \$ |                    | N/A            | _                |
|     | 5c.   | Voluntary contributions for retirement plans   | 5c          |     | \$          | 0.00              | -   | \$ |                    | N/A            | _                |
|     | 5d.   | Required repayments of retirement fund loans   | 5d          |     | <b>\$</b> - | 68.66             | -   | \$ |                    | N/A            | _                |
|     | 5e.   | Insurance  | 5e          |     | \$          | 213.40            | -   | \$ |                    | N/A            | _                |
|     | 5f.   | Domestic support obligations   | 5f.         |     | \$          | 0.00              | -   | \$ |                    | N/A            | _                |
|     | 5g.   | Union dues   | 5g          |     | \$          | 0.00              | -   | \$ |                    | N/A            | _                |
|     | 5h.   | Other deductions. Specify:   | _           | 1.+ | \$          | 0.00              | +   | \$ |                    | N/A            | _                |
| 6.  |   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _<br>6.     |     | * —<br>\$   | 1,534.78          | -   | \$ |                    | N/A            | _                |
| 7.  |   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          |     | * –<br>\$   | 3,589.67          | -   | \$ |                    | N/A            | _                |
| 8.  |   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |             |     | `_          | 0,000.01          | -   | ·  |                    | 107            |                  |
|     |   | monthly net income.  | 8a          | ١.  | \$          | 0.00              |     | \$ |                    | N/A            |                  |
|     | 8b.   | Interest and dividends   | 8b          | ).  | \$_         | 0.00              |     | \$ |                    | N/A            |                  |
|     | 8c.<br>8d.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation   | 8c<br>8d    |     | \$_<br>\$   | 0.00<br>0.00      | -   | \$ |                    | N/A<br>N/A     |                  |
|     | 8e.   | Social Security  | 8e          |     | \$<br>-     | 0.00              | -   | \$ |                    | N/A            | _                |
|     | 8f.<br>8g.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | _ 8f.<br>8g | ١.  | \$_<br>\$_  | 0.00              | -   | \$ |                    | N/A<br>N/A     | _                |
|     | 8h.   | Other monthly income. Specify:   | _ 8h        | 1.+ | \$_         | 0.00              | . + | \$ |                    | N/A            | _                |
| 9.  | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | 9   | \$          | 0.00              |     | \$ |                    | N/A            | A                |
| 10  | Cald  | culate monthly income. Add line 7 + line 9.  | 10.         | \$  |             | 3,589.67 + \$     |     |    | N/A                | = \$           | 3,589.67         |
|     |   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |             | Ψ-  |             | 3,303.07          | _   |    | 11//               |                | 3,303.07         |
| 11. | 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00 |  |             |     |             |                   |     |    |                    |                |                  |
| 12. |   | the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies  |             |     |             |                   |     |    | 12.                | \$             | 3,589.67         |
| 13. | Doy   | you expect an increase or decrease within the year after you file this form?   | ?           |     |             |                   |     |    | ,                  | Combi<br>month | ned<br>ly income |
|     |   | No.  |             |     |             |                   |     |    |                    |                |                  |
|     |   | Ves Explain:   |             |     |             |                   |     |    |                    |                |                  |

### Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 40 of 64

| <b></b> :11 | in this informat            | tion to identify yo                  |                 |   |           |  |                                      |       |                    |                               |       |
|-------------|-----------------------------|--------------------------------------|-----------------|---|-----------|--|--------------------------------------|-------|--------------------|-------------------------------|-------|
| FIII        | in this informat            | tion to identify yo                  | ur case:        |   |           |  |                                      |       |                    |                               |       |
| Deb         | tor 1                       | Shantel M Ma                         | arks            |   |           |  | Check if this is:  An amended filing |       |                    |                               |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    |                               |       |
|             | tor 2                       |                                      |                 |   |           |  |                                      |       |                    | ving postpetition cha         | apter |
| (Spo        | ouse, if filing)            |                                      |                 |   |           |  |                                      | 13    | 3 expenses as of t | the following date:           |       |
| Unit        | ed States Bankrı            | uptcy Court for the:                 | NORTH           | IERN DISTRICT OF                        | ILLINO    | IS                                       | MM / DD / YYYY                       |       |                    |                               |       |
| Cas         | e numbe <b>r</b>            |                                      |                 |   |           |  |                                      |       |                    |                               |       |
| (If kı      | nown)                       |                                      |                 |   |           |  |                                      |       |                    |                               |       |
| Of          | fficial Fo                  | rm 106J                              |                 |   |           |  |                                      |       |                    |                               |       |
| Sc          | chedule                     | J: Your E                            | Exner           | 292                                     |           |  |                                      |       |                    |                               | 12/15 |
|             |                             |                                      |                 | If two married peo                      | nle are   | filing together be                       | oth are e                            | lleur | v responsible fo   | r supplying correc            |       |
| info        | ormation. If me             |                                      | eded, atta      | ch another sheet to                     |           |  |                                      |       |                    |                               |       |
| Par         | t 1: Descri                 | ibe Your Housel                      | hold            |   |           |  |                                      |       |                    |                               |       |
| 1.          | Is this a join              |                                      | iioiu           |   |           |  |                                      |       |                    |                               |       |
|             | ■ No. Go to                 |                                      |                 |   |           |  |                                      |       |                    |                               |       |
|             |                             | s Debtor 2 live in                   | n a conar       | ata housahold?                          |           |  |                                      |       |                    |                               |       |
|             |                             |                                      | ii a sepai      | ate nousenoia:                          |           |  |                                      |       |                    |                               |       |
|             |                             | _                                    | 4 tila Ottiai   | -1 Farm 400 LO. Fra                     |           | C  | lealed of D                          | _     | . 0                |                               |       |
|             | ⊔ Y€                        | es. Deptor 2 mus                     | t file Offici   | al Form 106J-2, <i>Exp</i>              | penses re | or Separate House                        | enola of D                           | eptor | 2.                 |                               |       |
| 2.          | Do you have                 | dependents?                          | ☐ No            |   |           |  |                                      |       |                    |                               |       |
|             | Do not list De<br>Debtor 2. | ebtor 1 and                          | Yes.            | Fill out this informatio each dependent |           | Dependent's relati<br>Debtor 1 or Debtor |                                      |       | Dependent's age    | Does dependent live with you? |       |
|             | Do not state                | tha                                  |                 |   |           |  |                                      |       |                    | □ No                          |       |
|             | dependents r                |                                      |                 |   |           | Niece                                    |                                      |       | 15                 | ■ Yes                         |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    | □ No                          |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    | □ Yes                         |       |
|             |                             |                                      |                 |   |           |  |                                      | _     |                    | □ No                          |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    | ☐ Yes                         |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    | □ No                          |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    | ☐ Yes                         |       |
| 3.          |                             | enses include                        |                 | No                                      |           |  |                                      |       |                    |                               |       |
|             |                             | f people other th<br>I your depender | nan $_{m \Box}$ | Yes                                     |           |  |                                      |       |                    |                               |       |
| Dor         | t O: Fotime                 | ata Varir Ongain                     | a Manthi        | v Evnences                              |           |  |                                      |       |                    |                               |       |
|             |                             | ate Your Ongoir                      |                 | y Expenses<br>µptcy filing date un      | iless voi | u are using this fo                      | orm as a                             | sunr  | olement in a Cha   | nter 13 case to rer           | ort   |
| exp         |                             |                                      |                 | y is filed. If this is a                |           |  |                                      |       |                    |                               |       |
| Incl        | luda avnanca                | s naid for with n                    | on-cach         | government assist                       | ance if v | ou know                                  |                                      |       |                    |                               |       |
|             |                             |                                      |                 | luded it on Schedu                      |           |  |                                      |       |                    |                               |       |
| (Off        | ficial Form 10              | 6I.)                                 |                 |   |           |  |                                      |       | Your expe          | enses                         |       |
|             |                             |                                      |                 |   |           |  |                                      |       |                    |                               |       |
| 4.          |                             |                                      |                 | ses for your reside                     | ence. Inc | lude first mortgage                      | <b>∂</b>                             | \$    |                    | 1,125.00                      |       |
|             |                             | d any rent for the                   | e grouna o      | r lot.                                  |           |  | ٦.                                   | Ψ.    |                    |                               |       |
|             | If not include              | ea in line 4:                        |                 |   |           |  |                                      |       |                    |                               |       |
|             | 4a. Real e                  | state taxes                          |                 |   |           |  | 4a.                                  | \$    |                    | 0.00                          |       |
|             | •                           | rty, homeowner's                     |                 |   |           |  | 4b.                                  | \$    |                    | 0.00                          |       |
|             |                             |                                      |                 | ıpkeep expenses                         |           |  | 4c.                                  |       |                    | 0.00                          |       |
| _           |                             | owner's associati                    |                 |   |           |  | 4d.                                  | _     |                    | 0.00                          |       |
| 5.          | Additional n                | nortgage payme                       | ents for yo     | <b>our residence,</b> such              | as hom    | e equity loans                           | 5.                                   | \$    |                    | 0.00                          |       |

## Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 41 of 64

| Debtor 1 Sha  | antel M Marks   | Case num        | ber (if known)     |                          |
|---------------|---|-----------------|--------------------|--------------------------|
| S. Utilities: |   |                 |                    |                          |
|               | ctricity, heat, natural gas   | 6a.             | \$                 | 295.00                   |
|               | ter, sewer, garbage collection  | 6b.             | \$                 | 0.00                     |
|               | ephone, cell phone, Internet, satellite, and cable services   | 6c.             | *                  | 250.00                   |
|               | er. Specify:  | 6d.             | ·                  | 0.00                     |
|               | housekeeping supplies   | 7.              | ·                  |                          |
|               |   |                 | · -                | 400.00                   |
|               | and children's education costs  | 8.              | \$                 | 41.66                    |
|               | laundry, and dry cleaning   | 9.              | \$                 | 75.00                    |
|               | care products and services  | 10.             | · -                | 50.00                    |
|               | and dental expenses   | 11.             | \$                 | 55.00                    |
|               | tation. Include gas, maintenance, bus or train fare.  | 12.             | \$                 | 240.00                   |
|               | clude car payments.   | 13.             | ·                  |                          |
|               | ment, clubs, recreation, newspapers, magazines, and books   |                 | ·                  | 0.00                     |
|               | e contributions and religious donations   | 14.             | <b>&gt;</b>        | 0.00                     |
| 5. Insurance  |   |                 |                    |                          |
|               | clude insurance deducted from your pay or included in lines 4 or 20.  | 15a.            | ¢                  | 0.00                     |
|               |   |                 | ·                  | 0.00                     |
|               | alth insurance  | 15b.            | ·                  | 0.00                     |
|               | nicle insurance   | 15c.            |                    | 141.66                   |
|               | er insurance. Specify:  | 15d.            | \$                 | 0.00                     |
|               | o not include taxes deducted from your pay or included in lines 4 or 20.  |                 | •                  |                          |
| Specify:      |   | 16.             | \$                 | 0.00                     |
|               | nt or lease payments:   |                 | •                  |                          |
|               | payments for Vehicle 1  | 17a.            | ·                  | 476.00                   |
|               | payments for Vehicle 2  | 17b.            | ·                  | 0.00                     |
|               | er. Specify: Student Loan Payment   | 17c.            | ·                  | 435.00                   |
| 17d. Oth      | er. Specify:  | 17d.            | \$                 | 0.00                     |
|               | ments of alimony, maintenance, and support that you did not report  |                 | •                  | 0.00                     |
|               | from your pay on line 5, Schedule I, Your Income (Official Form 106)  | l <b>).</b> 18. | · ·                | 0.00                     |
|               | ments you make to support others who do not live with you.  |                 | \$                 | 0.00                     |
| Specify:      |   | 19.             |                    |                          |
|               | I property expenses not included in lines 4 or 5 of this form or on Sc  |                 |                    |                          |
|               | tgages on other property  | 20a.            | ·                  | 0.00                     |
| 20b. Rea      | al estate taxes   | 20b.            | \$                 | 0.00                     |
| 20c. Prop     | perty, homeowner's, or renter's insurance   | 20c.            | \$                 | 0.00                     |
| 20d. Maii     | ntenance, repair, and upkeep expenses   | 20d.            | \$                 | 0.00                     |
| 20e. Hon      | neowner's association or condominium dues   | 20e.            | \$                 | 0.00                     |
| . Other: Sp   | ecify:  | 21.             | +\$                | 0.00                     |
| ·             | ·   |                 | ·                  | 0.00                     |
|               | your monthly expenses   |                 |                    |                          |
|               | lines 4 through 21.   |                 | \$                 | 3,584.32                 |
| 22b. Copy     | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | 2               | \$                 |                          |
| 22c. Add li   | ine 22a and 22b. The result is your monthly expenses.   |                 | \$                 | 3,584.32                 |
|               |   |                 |                    |                          |
|               | your monthly net income.  |                 |                    |                          |
|               | by line 12 (your combined monthly income) from Schedule I.  | 23a.            | ·                  | 3,589.67                 |
| 23b. Cop      | by your monthly expenses from line 22c above.   | 23b.            | -\$                | 3,584.32                 |
|               |   |                 |                    |                          |
|               | stract your monthly expenses from your monthly income.  |                 | •                  | E 0.5                    |
| The           | result is your monthly net income.  | 23c.            | \$                 | 5.35                     |
|               |   |                 | _                  |                          |
|               | xpect an increase or decrease in your expenses within the year after  |                 |                    |                          |
|               | e, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage? | our mortgage    | payment to increas | se or decrease because o |
|               | i to the terms of your mortgage:  |                 |                    |                          |
| No.           |   |                 |                    |                          |
| ☐ Yes.        | Explain here:   |                 |                    |                          |

## Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 42 of 64

| Fill in this info   | rmation to identify your                        | c250:                    |                           |                           |   |
|---------------------|---|--------------------------|---------------------------|---------------------------|---|
|                     |   | case.                    |                           |                           |   |
| Debtor 1            | Shantel M Marks First Name                      | Middle Name              | Last Name                 |                           |   |
| Debtor 2            | riiotramo                                       | Wildale Hame             | East Name                 |                           |   |
| (Spouse if, filing) | First Name                                      | Middle Name              | Last Name                 |                           |   |
| United States B     | ankruptcy Court for the:                        | NORTHERN DISTRICT        | Γ OF ILLINOIS             |                           |   |
| Case number         |   |                          |                           |                           |   |
| (if known)          |   |                          |                           |                           | Check if this is an amended filing                                      |
| Official For        | m 106Dec  |                          |                           |                           |   |
| <b>Declara</b>      | tion About a                                    | ın Individual            | Debtor's S                | chedules                  | 12/15   |
| Sig                 | gn Below  |                          |                           |                           |   |
| Did you pa          | ay or agree to pay some                         | one who is NOT an atto   | rney to help you fill out | bankruptcy forms?         |   |
| ■ No                |   |                          |                           |                           |   |
| ☐ Yes.              | Name of person                                  |                          |                           |                           | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                     | alty of perjury, I declare re true and correct. | that I have read the sum | nmary and schedules fi    | led with this declaration | n and   |
| X /s/ Sh            | antel M Marks                                   |                          | X                         |                           |   |
| Shant               | el M Marks                                      |                          | Signature of              | of Debtor 2               |   |
| Signatu             | ure of Debtor 1                                 |                          |                           |                           |   |
| Date                | October 4, 2017                                 |                          | Date                      |                           |   |

## Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 43 of 64

|            | l in this inform                | ation to identify you                      | r case:   |                                    |                                     |                                    |  |
|------------|---------------------------------|--|---|------------------------------------|-------------------------------------|------------------------------------|--|
| De         | btor 1                          | Shantel M Marks                            | Middle Name   | Last Name                          |                                     |                                    |  |
| De         | btor 2                          |  | madic Name  | 2001.110                           |                                     |                                    |  |
| (Sp        | ouse if, filing)                | First Name                                 | Middle Name   | Last Name                          |                                     |                                    |  |
| Un         | ited States Ban                 | kruptcy Court for the:                     | NORTHERN DISTRICT (   | OF ILLINOIS                        |                                     |                                    |  |
| Ca         | se number                       |  |   |                                    |                                     |                                    |  |
| (if k      | nown)                           |  |   |                                    | _                                   | Check if this is an                |  |
|            |                                 |  |   |                                    |                                     | amended filing                     |  |
| $\bigcirc$ | fficial For                     | m 107                                      |   |                                    |                                     |                                    |  |
|            |                                 |  | Affairs for Individ   | duale Eiling for B                 | ankruntov                           | A 14 4                             |  |
|            |                                 |  |   |                                    |                                     | 4/16                               |  |
|            |                                 |  | ble. If two married people a<br>attach a separate sheet to  |                                    |                                     |                                    |  |
|            |                                 | ). Answer every que                        |   | this form. On the top of an        | y additional pages, write yo        | our name and case                  |  |
| Pa         | rt 1: Give Do                   | etails About Your Ma                       | rital Status and Where You  | ı Lived Before                     |                                     |                                    |  |
|            |                                 |  |   |                                    |                                     |                                    |  |
| 1.         | what is your                    | current marital statu                      | 18 (  |                                    |                                     |                                    |  |
|            | ☐ Married                       |  |   |                                    |                                     |                                    |  |
|            | Not marr                        | ried                                       |   |                                    |                                     |                                    |  |
| 2.         | During the la                   | st 3 years, have you                       | lived anywhere other than   | where you live now?                |                                     |                                    |  |
|            | □ No                            |  |   |                                    |                                     |                                    |  |
|            | Yes. List                       | all of the places you I                    | ived in the last 3 years. Do no   | ot include where you live now      | I.                                  |                                    |  |
|            | Debtor 1 Pri                    | or Address:                                | Dates Debtor 1  | Debtor 2 Prior Ac                  | ldress:                             | Dates Debtor 2                     |  |
|            | 10920 S Ke                      | eating St Unit 3N                          | From-To:  | ☐ Same as Debtor                   | 1                                   | ☐ Same as Debtor 1                 |  |
|            | Oak Lawn,                       | IL 60453                                   | 6/2014-6/2017   |                                    |                                     | From-To:                           |  |
|            | es and territorie  No  ∨es. Mal | es include Arizona, Ca                     | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ne<br>nedule H: Your Codebtors (Or<br>r Income | vada, New Mexico, Puerto R         |                                     |                                    |  |
| 4.         | Fill in the total               | amount of income yo                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv                 | all businesses, including part     | -time activities.                   | endar years?                       |  |
|            | □ No                            |  |   |                                    |                                     |                                    |  |
|            | Yes. Fill                       | in the details.                            |   |                                    |                                     |                                    |  |
|            |                                 |  | Debtor 1  |                                    | Debtor 2                            |                                    |  |
|            |                                 |  | Sources of income   | Gross income                       | Sources of income                   | Gross income                       |  |
|            |                                 |  | Check all that apply.   | (before deductions and exclusions) | Check all that apply.               | (before deductions and exclusions) |  |
|            |                                 | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$49,622.25                        | ☐ Wages, commissions, bonuses, tips |                                    |  |
|            |                                 |  | ☐ Operating a business  |                                    | ☐ Operating a business              |                                    |  |
|            |                                 |  | · •   |                                    |                                     |                                    |  |

Official Form 107

Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31

Case 17-29722 Desc Main Document Page 44 of 64 Case number (if known) Debtor 1 Shantel M Marks Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$69,888.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$54,603.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** (before deductions Describe below. each source Describe below. (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... paid still owe

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document

Page 45 of 64
Case number (if known) Debtor 1 Shantel M Marks

| Yes, List all payments to an insider.   Insider's Name and Address   Dates of payment   Total amount paid   Amount you still owe   Reason for this payment   Still fowe   Reason for this payment   Still fowe   Reason for this payment   Still fowe   Reason for this payment   Re | 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No |  |                         |                      |                     |                |                        |  |
|--|--|--|-------------------------|----------------------|---------------------|----------------|------------------------|--|
| 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefits insider? Include payments on debts guaranteed or cosigned by an insider.  No   Yes. List all payments to an insider   Insider's Name and Address   Dates of payment   Total amount   Dates of payment   Total amount   Dates of payment   Still owe   Include creditor's name   No   Yes. Fill in the details   No   No   No   Creditor Name and Address   Dates of payment   No   No   No   No   No   No   No   N   |  |  |                         |                      |                     |                |                        |  |
| insider? Include payments on debts guaranteed or cosigned by an insider.    No   |  | Insider's Name and Address   | Dates of payment        |                      |                     | Reason for     | this payment           |  |
| Insider's Name and Address  Dates of payment paid amount paid affiliation with still owe still owe still owe still owe still owe include creditor's name.  Part 45: Identify Legal Actions, Repossessions, and Foreclosures  Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  No   Yes. Fill in the details.  Case tittle   Nature of the case   Court or agency   Status of the case   Case number    No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address   Describe the Property   Date   Value or property    Explain what happened    11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from y accounts or refuse to make a payment because you owed a debt?  No   Yes. Fill in the details.  Creditor Name and Address   Describe the action the creditor took   Date action was   Amount of the property   No   Yes. Fill in the details.  Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, court-appointed receiver, a custodian, or another official?  No   Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person?  Person to Whom You Gave the Gift and   | 8.   | insider? Include payments on debts guaranteed or co  |                         | ments or transfer a  | any property on a   | ccount of a d  | lebt that benefited an |  |
| Part 4:   Identify Legal Actions, Repossessions, and Foreclosures  |  | ☐ Yes. List all payments to an insider   |                         |                      |                     |                |                        |  |
| 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.    No  |  | Insider's Name and Address   | Dates of payment        |                      |                     |                |                        |  |
| 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.    No  | Pai  | t 4: Identify Legal Actions, Repossessio   | ons, and Foreclosures   |                      |                     |                |                        |  |
| Case number  10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or leving the check all that apply and fill in the details below.    No. Go to line 11.   | 9.   | List all such matters, including personal injury modifications, and contract disputes.  No   |                         |                      |                     |                |                        |  |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levic Check all that apply and fill in the details below.    No. Go to line 11.   |  |  | Nature of the case      | Court or agency      |                     | Status of the  | he case                |  |
| Check all that apply and fill in the details below.    No. Go to line 11.  |  | Case number  |                         |                      |                     |                |                        |  |
| Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and  | 10.  | <ul> <li>Check all that apply and fill in the details below.</li> <li>No. Go to line 11.</li> <li>Yes. Fill in the information below.</li> </ul>   | ow.                     | erty repossessed, f  |                     | shed, attache  |                        |  |
| Explain what happened  11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from y accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and   |  | Creditor Name and Address  | Describe the Property   |                      | Date                | property       |                        |  |
| accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  Creditor Name and Address  Describe the action the creditor took  Date action was taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and   |  |  | Explain what happened   | t                    |                     |                | ,                      |  |
| taken  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, court-appointed receiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and  | 11.  | accounts or refuse to make a payment be  |                         | luding a bank or fii | nancial institutior | n, set off any | amounts from your      |  |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, court-appointed receiver, a custodian, or another official?  ■ No □ Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and  |  | Creditor Name and Address  | Describe the action the | creditor took        |                     |                | Amount                 |  |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift and   | 12.  | <ol> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> </ol> |                         |                      |                     |                |                        |  |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Describe the gifts  Dates you gave the gifts  Person to Whom You Gave the Gift and   | Pai  | t 5: List Certain Gifts and Contributions  |                         |                      |                     |                |                        |  |
| per person to Whom You Gave the Gift and   |  | Within 2 years before you filed for bankru   |                         | s with a total value | of more than \$60   | 00 per person  | ?                      |  |
|  |  | ·  | ·                       |                      |                     |                |                        |  |
|  |  | Person to Whom You Gave the Gift and Address:  |                         |                      |                     |                |                        |  |

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main

Document Page 46 of 64 Case number (if known) Debtor 1 Shantel M Marks 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Attorney Fees \$335.00, Credit Report Swanson & Desai, LLC 9/30/2017 \$385.00 2314 W North Ave Unit C-1W \$40.00, and Copy Costs \$10.00 Chicago, IL 60647 kswanson@swansondesai.com **Access Counseling** Credit Counseling \$14.95 10/1/2017 \$14.95 633 W 5th Street Suite 26001 Los Angeles, CA 90071 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Case 17-29722 Page 47 of 64
Case number (if known) Document

Debtor 1 Shantel M Marks

| 18.   | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already  No Yes. Fill in the details.                                   | isiness or financial affa<br>de as security (such as t                                  | tirs?<br>he granting of a se                      |            |   |   |  |  |  |
|---|--|---|---|------------|---|---|--|--|--|
|   | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and v property transferr  |   | paymen     | e any property or<br>ts received or debts<br>exchange       | Date transfer was made                        |  |  |  |
| 19.   | <ul> <li>9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |   |            |   |   |  |  |  |
|   | Name of trust  | Description and v   | Description and value of the property transferred |            |   |   |  |  |  |
| Par   | t 8: List of Certain Financial Accounts, Ins   | truments, Safe Deposit  | Boxes, and Stor                                   | age Units  |   |   |  |  |  |
| <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, broke houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |   |   |            |   |   |  |  |  |
|   | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of Type of account or account number instrument                           |   |            | Date account was<br>losed, sold,<br>noved, or<br>ransferred | Last balance<br>before closing or<br>transfer |  |  |  |
| <ul> <li>Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitic cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |  |   |   |            |   |   |  |  |  |
|   | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  Descril |   |            | e contents  | Do you still have it?                         |  |  |  |
| 22.   | Have you stored property in a storage unit o  ■ No □ Yes. Fill in the details.   | r place other than your   | home within 1 ye                                  | ear before | you filed for bankrupto                                     | y?  |  |  |  |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code)                     |   | escribe th | e contents  | Do you still have it?                         |  |  |  |
| Par   | t 9: Identify Property You Hold or Control f   | or Someone Else   |   |            |   |   |  |  |  |
| 23.   | Do you hold or control any property that son for someone.  No Yes. Fill in the details.  | neone else owns? Inclu  | ude any property                                  | you borro  | wed from, are storing f                                     | or, or hold in trust                          |  |  |  |
|   | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   |   | (Number, Street, City, State and ZIP              |            | e property  | Value   |  |  |  |
| Par   | t 10: Give Details About Environmental Info  | rmation   |   |            |   |   |  |  |  |
| For   | the purpose of Part 10, the following definitio  | ns apply:   |   |            |   |   |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Best Case Bankruptcy

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 48 of 64 Case number (if known)

Debtor 1 **Shantel M Marks** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an en  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental law, if you Address (Number, Street, City, State and Know it | Date of notice           |  |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|--|
| No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   | Date of notice           |  |  |  |  |  |  |
| <ul> <li>☐ Yes. Fill in the details.</li> <li>Name of site         Address (Number, Street, City, State and ZIP Code)</li> <li>Governmental unit         Address (Number, Street, City, State and ZIP Code)</li> <li>Have you notified any governmental unit of any release of hazardous material?</li> <li>No         ☐ Yes. Fill in the details.</li> <li>Name of site         Address (Number, Street, City, State and ZIP Code)</li> <li>Governmental unit         Address (Number, Street, City, State and Know it</li> </ul>  |                          |  |  |  |  |  |  |
| Name of site Address (Number, Street, City, State and ZIP Code)  Solution  Governmental unit Address (Number, Street, City, State and ZIP Code)  Code)  Environmental law, if you know it  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  |                          |  |  |  |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  |                          |  |  |  |  |  |  |
| ■ No □ Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and know it   | Date of notice           |  |  |  |  |  |  |
| ☐ Yes. Fill in the details.  Name of site  Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and know it   | Date of notice           |  |  |  |  |  |  |
| Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and know it  | Date of notice           |  |  |  |  |  |  |
| ZIP Code)   |                          |  |  |  |  |  |  |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |                          |  |  |  |  |  |  |
| ■ No  |                          |  |  |  |  |  |  |
| Yes. Fill in the details.   |                          |  |  |  |  |  |  |
| Case Title Court or agency Nature of the case Name Address (Number, Street, City, State and ZIP Code) Nature of the case  | Status of the case       |  |  |  |  |  |  |
| Part 11: Give Details About Your Business or Connections to Any Business  |                          |  |  |  |  |  |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connection  | s to any business?       |  |  |  |  |  |  |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   | •                        |  |  |  |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |                          |  |  |  |  |  |  |
| ☐ A partner in a partnership  |                          |  |  |  |  |  |  |
| ☐ An officer, director, or managing executive of a corporation  |                          |  |  |  |  |  |  |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation   |                          |  |  |  |  |  |  |
| ■ No. None of the above applies. Go to Part 12.   |                          |  |  |  |  |  |  |
| ☐ Yes. Check all that apply above and fill in the details below for each business.  |                          |  |  |  |  |  |  |
| Business Name Describe the nature of the business Employer Identification Address Do not include Social St  |                          |  |  |  |  |  |  |
| (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper   | ecurity number of frin.  |  |  |  |  |  |  |
| <ul> <li>Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your busines institutions, creditors, or other parties.</li> </ul>  | s? Include all financial |  |  |  |  |  |  |
| ■ No  |                          |  |  |  |  |  |  |
| Yes. Fill in the details below.   |                          |  |  |  |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)   |                          |  |  |  |  |  |  |

Part 12: Sign Below

Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Page 49 of 64
Case number (if known) Document

Debtor 1 Shantel M Marks

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Sh          | antel M Marks   |   |  |  |  |  |  |  |  |
|-----------------|---|---|--|--|--|--|--|--|--|
| Shantel M Marks |   | Signature of Debtor 2   |  |  |  |  |  |  |  |
| Signa           | ture of Debtor 1  |   |  |  |  |  |  |  |  |
| Date            | October 4, 2017   | Date  |  |  |  |  |  |  |  |
| Did yo          | d you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |   |  |  |  |  |  |  |  |
| No              |   |   |  |  |  |  |  |  |  |
| □ Yes           |   |   |  |  |  |  |  |  |  |
| Did yo          | u pay or agree to pay   | someone who is not an attorney to help you fill out bankruptcy forms?                               |  |  |  |  |  |  |  |
| No              |   |   |  |  |  |  |  |  |  |
| ☐ Yes           | . Name of Person  | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |

# Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 50 of 64

| Fill in this informa   | ation to identify your                        | case:                                       |  |   |   |  |  |  |
|--|---|---|--|---|---|--|--|--|
|  |   | oucor                                       |  |   |   |  |  |  |
| Debtor 1   | Shantel M Marks First Name                    | Middle Name                                 | Last Name                                    |   |   |  |  |  |
| Debtor 2<br>(Spouse if, filing)  | First Name                                    | Middle Name                                 | Last Name                                    |   |   |  |  |  |
| United States Bank   | kruptcy Court for the:                        | NORTHERN DIST                               | FRICT OF ILLINOIS                            |   |   |  |  |  |
| Case number  |   |   |  |   |   |  |  |  |
| (if known)   |   |   |  |   | ☐ Check if this is an amended filing  |  |  |  |
| Official For   | m 108   |   |  |   |   |  |  |  |
| Statemen   | t of Intentio                                 | n for Indiv                                 | iduals Filing                                | <b>Under Chapte</b>   | er 7 12/15  |  |  |  |
| If you are an indiv  | idual filing under cha                        | pter 7, you must fil                        | out this form if:                            |   |   |  |  |  |
| _  | claims secured by yo                          |   |  |   |   |  |  |  |
| You must file this   | er is earlier, unless th                      | ithin 30 days after                         | you file your bankruptcy                     |   | t for the meeting of creditors,<br>c creditors and lessors you list             |  |  |  |
| If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. |   |   |  |   |   |  |  |  |
|  | nd accurate as possib<br>ur name and case nur |   | needed, attach a separa                      | ate sheet to this form. On t  | the top of any additional pages,  |  |  |  |
| Part 1: List You   | ır Creditors Who Hav                          | e Secured Claims                            |  |   |   |  |  |  |
| 1. For any creditor  | rs that you listed in Pa                      | art 1 of Schedule D                         | : Creditors Who Have Cl                      | aims Secured by Property  | (Official Form 106D), fill in the   |  |  |  |
| information belo   | ow.<br>litor and the property t               | hat is collateral                           | What do you intend to                        | o do with the property that   | Did you claim the property  |  |  |  |
| ,  |   |   | secures a debt?                              | ,   | as exempt on Schedule C?  |  |  |  |
| Creditor's All   | y Financial                                   |   | ☐ Surrender the prope                        | rtv.  | □ No  |  |  |  |
| name:  | •   |   | ☐ Retain the property                        | •   |   |  |  |  |
| Description of   | 2015 Chevrolet Ma                             | libu 44000                                  | Retain the property a<br>Reaffirmation Agree |   | Yes   |  |  |  |
| property<br>securing debt:   | miles   |   | ☐ Retain the property a                      | and [explain]:  |   |  |  |  |
| Dant Or High Von   | Un avenimad Danaana                           | I Duamantu I aaaaa                          |  |   | _   |  |  |  |
| For any unexpired in the information   | below. Do not list rea                        | ase that you listed<br>Il estate leases. Un | expired leases are lease                     | ry Contracts and Unexpire<br>is that are still in effect; the<br>ume it. 11 U.S.C. § 365(p)(2 | d Leases (Official Form 106G), fill<br>e lease period has not yet ended.<br>2). |  |  |  |
| Describe your un   | expired personal pro                          | perty leases                                |  |   | Will the lease be assumed?  |  |  |  |
| Lessor's name:   | Pulaski Apartı                                | ments LLC                                   |  |   | □ No  |  |  |  |
|  | r didoki Aparti                               | 1101110 220                                 |  |   | ■ Yes   |  |  |  |
|  |   |   |  |   | - 162   |  |  |  |
| Description of leas<br>Property:   | ed Two Year Leas                              | se \$1,125.00 per                           | month  |   |   |  |  |  |
|  |   |   |  |   |   |  |  |  |
| Part 3: Sign Be  | low   |   |  |   |   |  |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

### Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 51 of 64

| Deb | otor 1          | Shantel M Marks   | Case number (if known)   |
|-----|-----------------|---|--|
|     |                 |   |  |
|     |                 | ity of perjury, I declare that I have inc<br>at is subject to an unexpired lease. | icated my intention about any property of my estate that secures a debt and any personal |
| Χ   | /s/ Sh          | antel M Marks   | X  |
|     | Shantel M Marks |   | Signature of Debtor 2  |
|     | Signat          | ure of Debtor 1   |  |
|     | Date            | October 4, 2017   | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-29722 Doc 1 Filed 10/04/17 Entered 10/04/17 09:26:31 Desc Main Document Page 56 of 64

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

| In r | e Shantel M Marks  |                                     | Case No.             |                                    |      |  |
|------|--|-------------------------------------|----------------------|------------------------------------|------|--|
|      |  | Debtor(s)                           | Chapter              | 7                                  |      |  |
|      | DISCLOSURE OF COMPE  | ENSATION OF ATTO                    | RNEY FOR DI          | EBTOR(S)                           |      |  |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation  | ling of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or    | · to |  |
|      | For legal services, I have agreed to accept  |                                     | \$                   | 990.00                             |      |  |
|      | Prior to the filing of this statement I have received  | d                                   | \$                   | 335.00                             |      |  |
|      | Balance Due  |                                     |                      | 655.00                             |      |  |
| 2.   | The source of the compensation paid to me was:   |                                     |                      |                                    |      |  |
|      | ■ Debtor □ Other (specify):  |                                     |                      |                                    |      |  |
| 3.   | The source of compensation to be paid to me is:  |                                     |                      |                                    |      |  |
|      | ■ Debtor □ Other (specify):  |                                     |                      |                                    |      |  |
| 4.   | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                                     |                      |                                    |      |  |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. |                                     |                      |                                    |      |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |                                     |                      |                                    |      |  |
|      | <ul><li>a. Analysis of the debtor's financial situation, and rend</li><li>b. Preparation and filing of any petition, schedules, sta</li><li>c. Representation of the debtor at the meeting of credi</li><li>d. [Other provisions as needed]</li></ul>  | atement of affairs and plan which   | may be required;     |                                    |      |  |
| 6.   | By agreement with the debtor(s), the above-disclosed f   | fee does not include the following  | service:             |                                    |      |  |
|      |  | CERTIFICATION                       |                      |                                    |      |  |
|      | I certify that the foregoing is a complete statement of a bankruptcy proceeding.   | any agreement or arrangement for    | payment to me for r  | representation of the debtor(s) in | n    |  |
|      | October 4, 2017  | /s/ Mehul D. Desa                   | i                    |                                    |      |  |
| _    | Date   | Mehul D. Desai                      |                      |                                    |      |  |
|      |  | Signature of Attorne Swanson & Desa | •                    |                                    |      |  |
|      |  | 2314 W North Av                     |                      |                                    |      |  |
|      |  | Chicago, IL 60647                   | 7                    |                                    |      |  |
|      |  | 312-666-7882 Fa                     |                      |                                    |      |  |
|      |  | kswanson@swar Name of law firm      | isonaesai.com        |                                    |      |  |
| 1    |  | Trance of war fille                 |                      |                                    | l l  |  |

## **United States Bankruptcy Court**Northern District of Illinois

|       | 01  |   | G V                |  |  |
|-------|---|---|--------------------|--|--|
| In re | Shantel M Marks   | Debtor(s)   | Case No. Chapter 7 |  |  |
|       | VE  | CRIFICATION OF CREDITOR MA                              | ATRIX              |  |  |
|       | Number of Creditors: 70   |   |                    |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |                    |  |  |
| Date: | October 4, 2017   | /s/ Shantel M Marks Shantel M Marks Signature of Debtor |                    |  |  |

Ally Financial 200 Renaissance Ctr Detroit, MI 48243

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

At & T P.O. Box 5014 Carol Stream, IL 60197-5014

Avant Credit, Inc 222 N. Lasalle Suite 170 Chicago, IL 60601

Avant Credit, Inc Attention Bankruptcy Po Box 9183380 Chicago, IL 60691

Bank Of America Po Box 982238 El Paso, TX 79998

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Chase Card Po Box 15298 Wilmington, DE 19850

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chicago ENT Halstead PO box 809094 Chicago, IL 60680

Citibank North America 50 Northwest Point Road Elk Grove Village, IL 60007

Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citibank/Shell Oil Po Box 6497 Sioux Falls, SD 57117

Citibank/Shell Oil Citicorp Srvs/ Centralized Bankruptcy Po Box 790040 St Louis, MO 63179

Citicards Cbna Po Box 6241 Sioux Falls, SD 57117

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179 City of Chicago Dept of Finance c/o Harris & Harris, P.C. 111 W Jackson Blvd Ste 400 Chicago, IL 60604

Comenity Bank/Carsons 3100 Easton Square Pl Columbus, OH 43219

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/Lane Bryant 4590 E Broad St Columbus, OH 43213

Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Po Box 182789 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Capital Bank/HSN 995 W 122nd Ave Westminster, CO 80234

Comenity Capital Bank/HSN Po Box 182125 Columbus, OH 43218

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193 Credit One Bank Na Po Box 98873 Las Vegas, NV 89193

Dept Of Ed/Navient Po Box 9635 Wilkes Barre, PA 18773

Dept Of Ed/Navient Po Box 9635 Wilkes Barre, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

EOS CCA PO Box 296 Norwell, MA 02061-0296

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Firstmark/idapp 121 S 13th St Ste 201 Lincoln, NE 68508

Firstmark/idapp 121 S 13th St Ste 201 Lincoln, NE 68508

Foster & Garbus LLP 60 Vanderbilt Pkwy Commack, NY 11725

Great American Finance 205 West Wacker Drive Chicago, IL 60606

Great American Finance 20 n wacker st 2275 Chicago, IL 60606

Great American Finance Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606

Head and Neck Associates LTD PO Box 809094 Chicago, IL 60680

Health Lab 25 N. Winfield Road Winfield, IL 60190

ITx Healthcare Po box 1022 Wixom, MI 48393

Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Midwest Imaging Professionals P.O. Box 3223831 Pittsburgh, PA 15250-7863

Nationwide Recovery Systems 2304 Tarpley Road Suite 134 Carrollton, TX 75006

Nordstrom Fsb 13531 E Caley Ave Englewood, CO 80111 Nordstrom Fsb Correspondence Po Box 6555 Englewood, CO 80155

Oppity Finance 11 E. Adams Chicago, IL 60603

Oppity Finance 130 E Randolph St Suite 3400 Chicago, IL 60601

PLS Finaical Solutions of Illinois 6322 W 95th St Oak Lawn, IL 60453

Presence Health Patient Financial Services 1643 Lewis Ave Suite 203 Billings, MT 59102

Presence Health
Patient Financial Services
621 17th St. Suite 1800
Denver, CO 80293

Sigma Health, PC 16040 W. 165th St. Orland Park, IL 60467

Syncb/discount Tire C/o Po Box 965036 Orlando, FL 32896

Syncb/discount Tire Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Po Box 965005 Orlando, FL 32896 Synchrony Bank/TJX Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Po Box 965024 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Target Po Box 673 Minneapolis, MN 55440

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Tidewater Finance Co 6520 Indian River Rd Virginia Beach, VA 23464

Visa Dept Store National Bank/Macy's Po Box 8218 Mason, OH 45040

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040